

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/645450

FILING DATE

11/24/04

CLAIMS

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            |          |      | 1                   |      |                     |      |
| 2            |          |      |                     |      |                     |      |
| 3            |          |      |                     |      |                     |      |
| 4            |          |      |                     | 2    |                     |      |
| 5            |          |      |                     | 2    |                     |      |
| 6            |          |      |                     |      |                     |      |
| 7            |          |      |                     |      |                     |      |
| 8            |          |      |                     |      |                     |      |
| 9            |          |      |                     |      |                     |      |
| 10           |          |      |                     |      |                     |      |
| 11           |          |      |                     |      |                     |      |
| 12           |          |      |                     |      |                     |      |
| 13           |          |      |                     |      |                     |      |
| 14           |          |      |                     |      |                     |      |
| 15           |          |      |                     |      |                     |      |
| 16           |          |      |                     |      |                     |      |
| 17           |          |      |                     |      |                     |      |
| 18           |          |      |                     |      |                     |      |
| 19           |          |      |                     |      |                     |      |
| 20           |          |      |                     |      |                     |      |
| 21           |          |      |                     |      |                     |      |
| 22           |          |      |                     |      |                     |      |
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| 25           |          |      |                     |      |                     |      |
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| 47           |          |      |                     |      |                     |      |
| 48           |          |      |                     |      |                     |      |
| 49           |          |      |                     |      |                     |      |
| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   |          |      | 3                   |      |                     |      |
| TOTAL DEP.   |          |      | 10                  |      |                     |      |
| TOTAL CLAIMS |          |      | 13                  |      |                     |      |

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| 51           |  |  |  |  |  |  |
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| 89           |  |  |  |  |  |  |
| 90           |  |  |  |  |  |  |
| 91           |  |  |  |  |  |  |
| 92           |  |  |  |  |  |  |
| 93           |  |  |  |  |  |  |
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| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |

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